



# Medically Endorsed Store Training

**AIRLIFT<sup>®</sup>**



# State Requirements



- Establish a voluntary, confidential database by contracting with a third party to create and administer.
- Create a process for producing recognition cards for qualifying patients and designated providers.
- Adopt rules relating to the operation of the database.



# Who Can Access the Database



- Certified medical marijuana consultants and other medically endorsed marijuana store employees
- Law enforcement
- Healthcare practitioners
- State agencies (WSLCB, Revenue, Health) and the database administrator

***Note: Other state and federal agencies cannot search the database to see if specific people are in it.***



# Benefits for Patients



- Purchase up to three times the current recreational limits.
- Purchase products sales-tax free.
- Purchase high-THC products.
- May possess up to 15 plants and 16 ounces of usable marijuana, as authorized.
- Participate in cooperative garden.
- Arrest protection.



# Possession Amounts

## Recreational User

- Usable Marijuana  
1 ounce
- Solid Infusion  
16 ounces
- Liquid Infusion  
72 ounces
- Concentrates  
7 grams

## Recognition Cardholder

- Usable Marijuana  
3 ounces
- Solid Infusion  
48 ounces
- Liquid Infusion  
216 ounces
- Concentrates  
21 grams



# System is Easy to Use



- Hosted in the cloud using a browser-based Software as a Service (SaaS) app
- Responsive, mobile design
- Modern, intuitive, easy to use



# System is Secure



- We don't collect any information you don't give us.
- We don't share information with third-parties.
- System uses industry standard security best practices.
- Other safety features: intrusion detection, web application firewalls, and monitoring software are in place to detect, alert, and prevent unauthorized access.
- Privacy policy is published here: [cloudpwr.com/privacy](https://cloudpwr.com/privacy)



# Equipment Requirements





# Hardware



- Any **modern** computer or mobile device
- Modern web browser
- System is optimized for Mobile iOS and Google Chrome
- Anti-virus software and ad blockers can affect system



# Photo



- Digital camera with memory card or cable connection to transfer image from camera to system
- iOS device
- Light color blank backdrop
- Good lighting to eliminate shadows



# Printer



- At least 300 dpi **color** laser or ink-jet printer.
- To ensure all cards look the same, they can **ONLY be printed on white paper AND in color** – this also makes the security features work best.



# Laminator



- Heated lamination ONLY



# User Roles & Permissions



Master Account Holder



Delegate



Certified Consultant



Employee

Four roles within the system and everyone in the store has a role.



# Master Account Holder



- **Store Owner:**

1. Activates store(s)

- Store assignment based on WSLCB data
- Only one master account holder per store
- May remove ownership

2. Links employees to store

3. Delegate responsibility





OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT



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## The Store Owner's main page has the option to:

- Add/Remove stores
- Link employees through User Management
- Verify a Card
- Will also have Create a Card if the owner is a Certified Consultant



# Delegate



- **Supervisor/Manager:**
  - Assumes functions of store management
  - May be assigned the task of linking employees and consultants
  - Must be linked to store by Master Account Holder
  - May be assigned to multiple stores
  - Store may have multiple delegates



# Delegate Screen



CARD VALIDATION

STORE MANAGEMENT

## CHIPMUNKS MMJ SHOP

VERIFY A CARD

### INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

### SYSTEM USER GUIDES AND HELP DESK


SUPPORT



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# Delegate who is Also a Consultant Screen



CARD VALIDATION

[CARD MANAGEMENT](#)  
[STORE MANAGEMENT](#)

## CHIPMUNKS MMJ SHOP

[VERIFY A CARD](#)

**INSTRUCTIONS**

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

**SYSTEM USER GUIDES AND HELP DESK**

[SUPPORT](#)



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# Certified Consultant



- **ONLY** one that may:
  1. Handle the patient's authorization form
  2. Enter patient/delegate data
  3. Create or edit cards
- Must be linked to store by Master Account Holder (or Delegate if assigned this function)
- May be assigned to multiple stores
- Store may have unlimited consultants



# Consultant Screen



CARD VALIDATION

CARD MANAGEMENT

## CHIPMUNKS MMJ SHOP

VERIFY A CARD

### INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

### SYSTEM USER GUIDES AND HELP DESK

SUPPORT



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# Employee



- May **ONLY** verify cards and complete sales
- Must be linked to the store by Master Account Holder (or Delegate if assigned this function)
- May be assigned to multiple stores
- Store may have unlimited employees



# Employee Screen



CARD VALIDATION

## CHIPMUNKS MMJ SHOP

VERIFY A CARD

### INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

### SYSTEM USER GUIDES AND HELP DESK

SUPPORT



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# Roles Validation



- The system validates against various data:
  - Owners are checked against Liquor and Cannabis Board data.
  - Consultants must enter their consultant certificate number to be recognized in that role within the system.
  - Employees are vetted and linked to store(s) by Master Account Holder.



# Registration



- There are two systems that you will get registered in:
  1. Secure Access Washington (SAW)
  2. Database Site in AIRLIFT



# Steps to Access Database

1. Create personal Secure Access Washington (SAW) Account.
2. Add a new secure service.
3. Complete Knowledge Based Authentication (KBA)
4. Complete Adaptive Authentication
5. Access the Medical Marijuana Authorization System – this will transfer you to the database system on AirLift.
  - Accept terms of service.
  - Account is now pending until store owner or delegate links you to store.



# Step 1: Create Saw Account

secure.access.wa.gov

Every store employee who will access the database must create their own **personal account** – using personal information, not the store information.

SAW SecureAccess WASHINGTON

News Video Help

Log in to SecureAccess Washington

User ID:

Password:

LOGIN

Do not have an account? [Create one](#)

Retrieve User ID Reset Password Activate Account Missing Email?

Get **cyber security news and alerts** by following our Security Operations Center

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# Click start to follow steps to setup

1  
Name & email

2  
User ID & password

3  
Review information

4  
Validate information

5  
Check email

6  
Log in to account

## Create an Account


SecureAccess Washington (SAW) allows you to access multiple online government services with the use of a single user ID and password. By creating a SAW account, you can interact with many government agencies, like L&I, Ecology, DSHS, and more with just one account.

START



# Create ID and Password

You will use these every time you log in to use the database system.



SecureAccess  
WASHINGTON

News

Help

1  
Name & email

2  
User ID & password

3  
Review information

4  
Validate information

5  
Check email

6  
Log in to account

Create a user ID and password

User ID:

Password:

Confirm Password:

PREVIOUS

NEXT

Requirements for a secure password:

- At least 10 characters
- Contain at least three of the following character classes:
  - uppercase letters
  - lowercase letters
  - numerals
  - special characters
- Does not contain user ID
- Does not contain your full name

Elements still needed for a secure password:

- At least 10 more characters

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# Security Setup

Enter full name for best results of system identification.

You will create security questions the system will use to help you if you forget your User ID or Password.

Review your information and print the page for your records

SAW

SecureAccess  
WASHINGTON

NewsHelp

1  
Name & email

2  
User ID & password

3  
Review information

4  
Validate information

5  
Check email

6  
Log in to account

Review your information

Here is your personal and account information.

**NOTE:** We value the security of your personal information. In order to protect this information, your password will expire **every 24 months or 13 months** depending on application access. Also, your password should not include a dictionary word.

Name:  
Gary J

E-mail Address:  
gam.com

User ID:  
ga.t2

Password:  
XXXXXXXXXXXXXX

Secret Question:  
What city did your first airplane ride take you to?

Answer:  
XXXXXXXXXXXXXX

Go back to the previous page to make changes.

Continue to the next page if the information is correct.

You may want to [PRINT](#) this page for your records.

PREVIOUS

NEXT

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[Privacy Notice](#)



# Complete Security Check


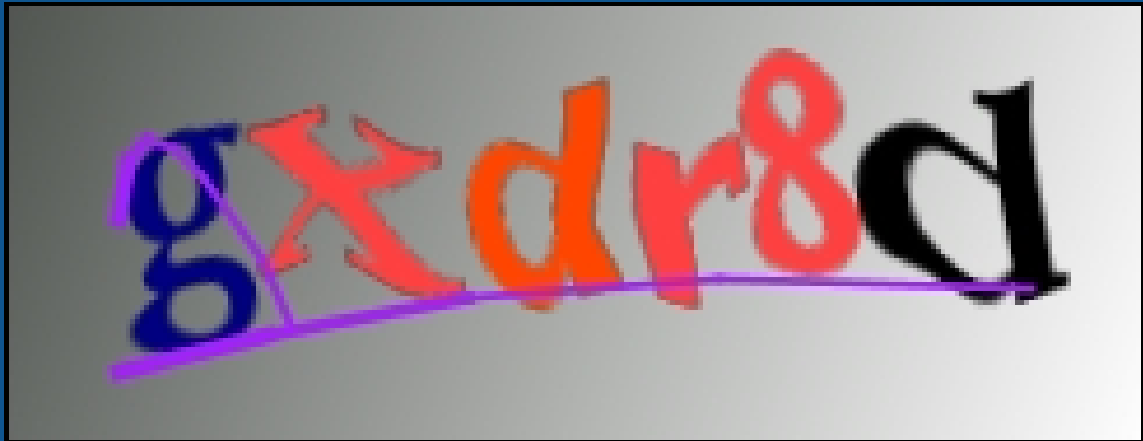
1  
Name & email

2  
User ID & password

3  
Review information

4  
Validate information

Enter security check



(Click here if you cannot read the code)

In the box below, enter the security code you see above (not case sensitive):

PREVIOUS

SUBMIT



1 Name & email	2 User ID & password	3 Review information	4 Security check
----------------------	----------------------------	----------------------------	------------------------

## Check your email account

You are not quite finished yet! Next you will need to check your email to get information needed to get your account activated and ready to use!



# E-mail from SecureAccess

Use the link in your email to activate your account.

SecureAccess Washington : Welcome to SecureAccess Washington

secureaccess@cts.wa.gov

Today at 2:41

To: WemsisUser@gmail.com

\*\*\*\*\*

\* This is a system generated message, please DO NOT reply to this email.

\* If you have any questions, please visit our support site at:

\*

\* <http://support.secureaccess.wa.gov>

\*

\*\*\*\*\*

Thank you for signing up with SecureAccess Washington.

Your SecureAccess Washington account [WEMSIS001] has been successfully created.

SecureAccess Washington offers two methods to activate your account.

The easiest method is to click on the following link;

<https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=22192&userId=WEMSIS001>

If your email does not support hyperlinks or you cannot log in after following the link, you can manually activate your account by following four easy steps:

1. Navigate to the SecureAccess Washington home page.
2. Click on "Activate your account".
3. In the "User ID" field enter WEMSIS001.
4. In the "Registration Code" field enter 22192.

SecureAccess Washington provides access to a growing list of on-line government services via a single user account. Once you complete your sign-up, you may add services to your new account by logging in and choosing "Add Service" tab. The service you choose to add may require an additional service registration process.

If you have questions about using SecureAccess Washington or need assistance using this service, please visit our customer support center at <http://support.secureaccess.wa.gov> or call 1-888-241-7597.

-----  
SecureAccess Washington

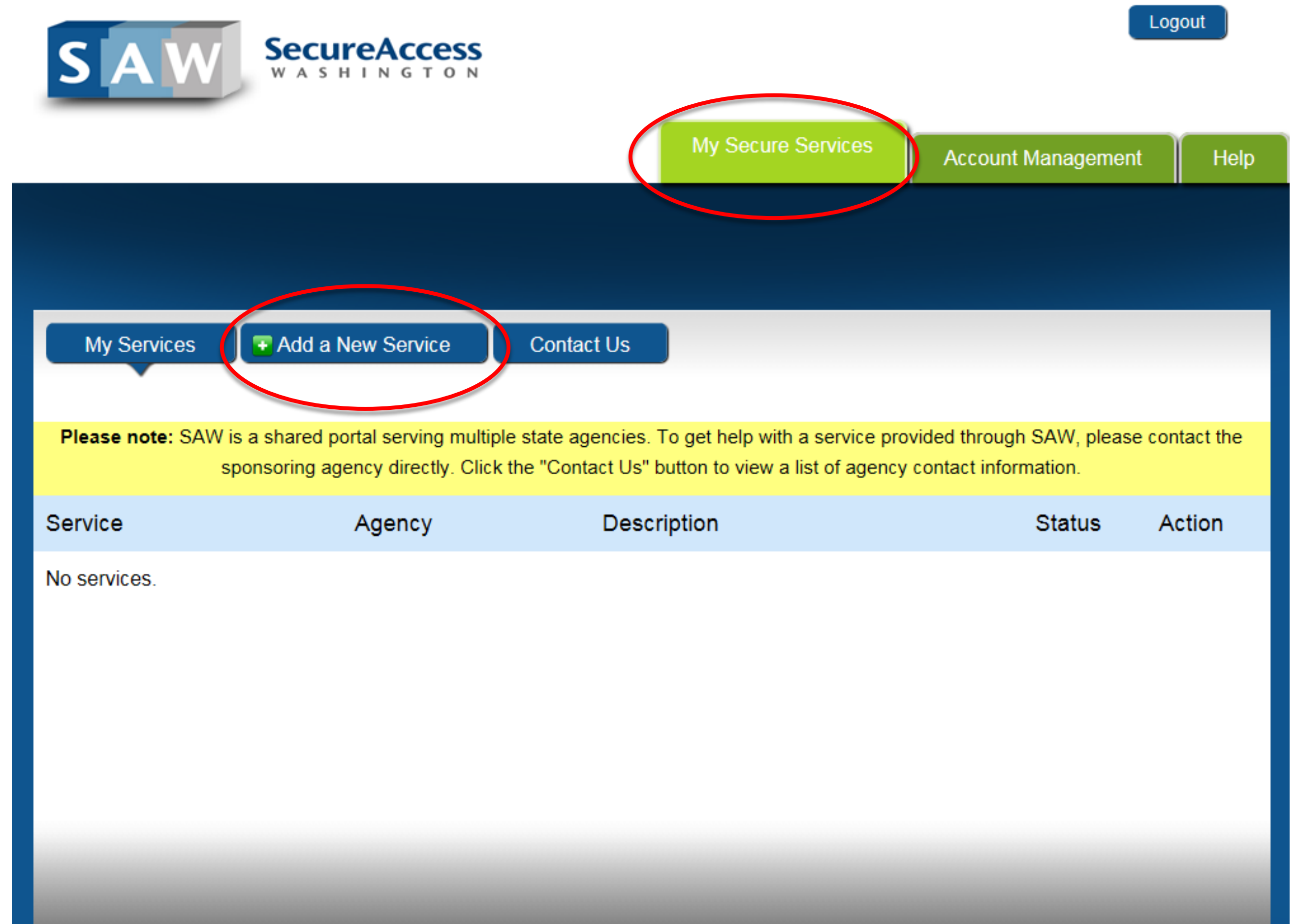
Login at <https://secureaccess.wa.gov/myAccess/saw/select.do>



# Step 2: Add Secure Service

- Go to the tab My Secure Services
- Click on Add a New Service

***Note: You will only have to do this the first time you register.***



The screenshot shows the SecureAccess WASHINGTON portal interface. At the top, there is a logo for 'SAW SecureAccess WASHINGTON' and a 'Logout' button. Below the logo, there are three tabs: 'My Secure Services' (highlighted with a red circle), 'Account Management', and 'Help'. Under the 'My Secure Services' tab, there are three buttons: 'My Services', '+ Add a New Service' (highlighted with a red circle), and 'Contact Us'. Below the buttons, there is a yellow banner with a 'Please note' message. At the bottom, there is a table with columns: Service, Agency, Description, Status, and Action. The table currently shows 'No services.'

SAW SecureAccess WASHINGTON

Logout

My Secure Services Account Management Help

My Services + Add a New Service Contact Us

**Please note:** SAW is a shared portal serving multiple state agencies. To get help with a service provided through SAW, please contact the sponsoring agency directly. Click the "Contact Us" button to view a list of agency contact information.

Service	Agency	Description	Status	Action
No services.				



- Put service code: MMJAS
- Click on “Apply”

***Note: You will only have to do this the first time you register.***

SAW SecureAccess WASHINGTON

Logout

My Secure Services Account Management Help

My Services + Add a New Service Contact Us

**Service code:**  
If you have been given a service code by an agency, enter it below to apply for access to the service.

MMJAS

APPLY

**Search services by keywords:**  
Enter keyword(s) below to find related services. Leave field blank to display all services.

AT LEAST ONE of the words

SEARCH

**Don't Use**

Select an agency below to see a list of services:

- [Consolidated Technology Services](#)
- [Department of Archaeology and Historic Preservation](#)
- [Department of Commerce](#)
- [Department of Ecology](#)
- [Department of Financial Institutions](#)
- [Department of Health](#)
- [Department of Labor and Industries](#)
- [Department of Licensing](#)
- [Department of Natural Resources](#)
- [Department of Revenue](#)
- [Department of Social and Health Services](#)
- [Department of Transportation](#)
- [Employment Security Department](#)
- [Enterprise Services](#)
- [Office of Financial Management](#)
- [Test Domain](#)



- Choose user type:  
Marijuana Retail Stores

The screenshot shows the SecureAccess WASHINGTON portal. At the top right is a 'Logout' button. Below the header are four tabs: 'Admin', 'My Secure Services' (highlighted), 'Account Management', and 'Help'. The main content area has three buttons: 'My Services', '+ Add a New Service' (highlighted with a tooltip), and 'Contact Us'. The 'Service Registration' section instructs users to fill out the form to apply to the Department of Health's Medical Marijuana Authorization System. A light blue banner states: 'Complete the following form: (\*) indicates a required field'. The form includes a required field '\*What type of user are you?' with a dropdown menu showing 'Marijuana Retail Stores' (circled in red). A message to the right says 'you must select a user type from the provided list.' At the bottom are two orange buttons: 'REGISTER' (circled in red) and 'CANCEL'.





SecureAccess  
WASHINGTON

Logout

Admin

My Secure Services

Account Management

Help

My Services

+ Add a New Service

Contact Us

## Service Registration Successful


Thank you for registering with agency **Department of Health's** service **Medical Marijuana Authorization System**. Please click the "My Secure Services" tab above to access the service.



# Step 3: Knowledge Based Authentication (KBA)

SAW verifies your identity using your legal name as it would appear on legal documents and bank loans, and legal address (address where you receive your personal mail). KBA works to authenticate the identity of the user by asking questions that match existing public record information.

- Provide a complete address and your full legal name as it appears on your driver's license or birth certificate.
- You may find you have to enter a former address, especially if your address has changed recently (within the past 1-2 years) to get the right questions that pertain to your identity.



Logout

My Secure ServicesAccount ManagementHelp

My ServicesAdd a New ServiceContact Us

### Identity Verification (KBA):

You will be asked a series of questions based on your public record data (State of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, please contact the CTS help desk ([servicedesk@cts.wa.gov](mailto:servicedesk@cts.wa.gov), 360-753-2454 or toll-free 1-888-241-7597) for further instruction.

Legal Name:

Street Address:

City:

State:

Zip Code:

Privacy Statement [\(expand\)](#)

Background

CTS has contracted with LexisNexis to provide Instant Authenticate services to assure only the people who are allowed have access to sensitive systems. The following questions you will answer are part of this LexisNexis

CONTINUE


**Tip 1:**  
**Is your legal name displayed correctly?**

- First and Last name are required.
- This name should match what appears on your official documents, like your driver's license or passport.

[I need to change my name.](#)



# KBA Sample Question 1

[Logout](#)

[My Secure Services](#)[Account Management](#)[Help](#)

[My Services](#)[+ Add a New Service](#)[Contact Us](#)

*This question is part of the identity verification (KBA) service provided by LexisNexis*


Please select the last name that you have most recently been associated with

- ☐ Becker
- ☐ Chamblee
- ☐ Garrety
- ☐ Lee
- ☐ Wilkerson
- ☐ None of the above

SUBMIT



# KBA Sample Question 2

[Logout](#)

[My Secure Services](#)[Account Management](#)[Help](#)

[My Services](#)[+ Add a New Service](#)[Contact Us](#)

*This question is part of the identity verification (KBA) service provided by LexisNexis*


Which of the following colleges have you attended?

- ☐ Clover Park Technical Coll
- ☐ Eastern Washington University
- ☐ Louisiana State University A&m
- ☐ South Puget Sound Comm College
- ☐ The Art Inst Of Seattle
- ☐ None of the above

SUBMIT



# KBA Sample Question 3



Logout

My Secure ServicesAccount ManagementHelp

My ServicesAdd a New ServiceContact Us

*This question is part of the identity verification (KBA) service provided by LexisNexis*

Which of the following phone numbers have you ever been associated with?

☐

(225) -4105

☐

(225) -5736

☐

(225) -6822

☐

(225) -7046

☐

(225) -7102

☐

I have never been associated with any of these phone numbers

SUBMIT



# KBA Sample Question 4

SAW

SecureAccess  
WASHINGTON

Logout

My Secure Services

Account Management

Help

My Services

+ Add a New Service

Contact Us

*This question is part of the identity verification (KBA) service provided by LexisNexis*

Which of the following street addresses in 'Chehalis' have you ever lived at or been associated with?

☐

126 North Street

☐

1803 Northeast Street

☐

1916 Street Southwest

☐

2041 Avenue Court East

☐

219 Southwest Street

☐

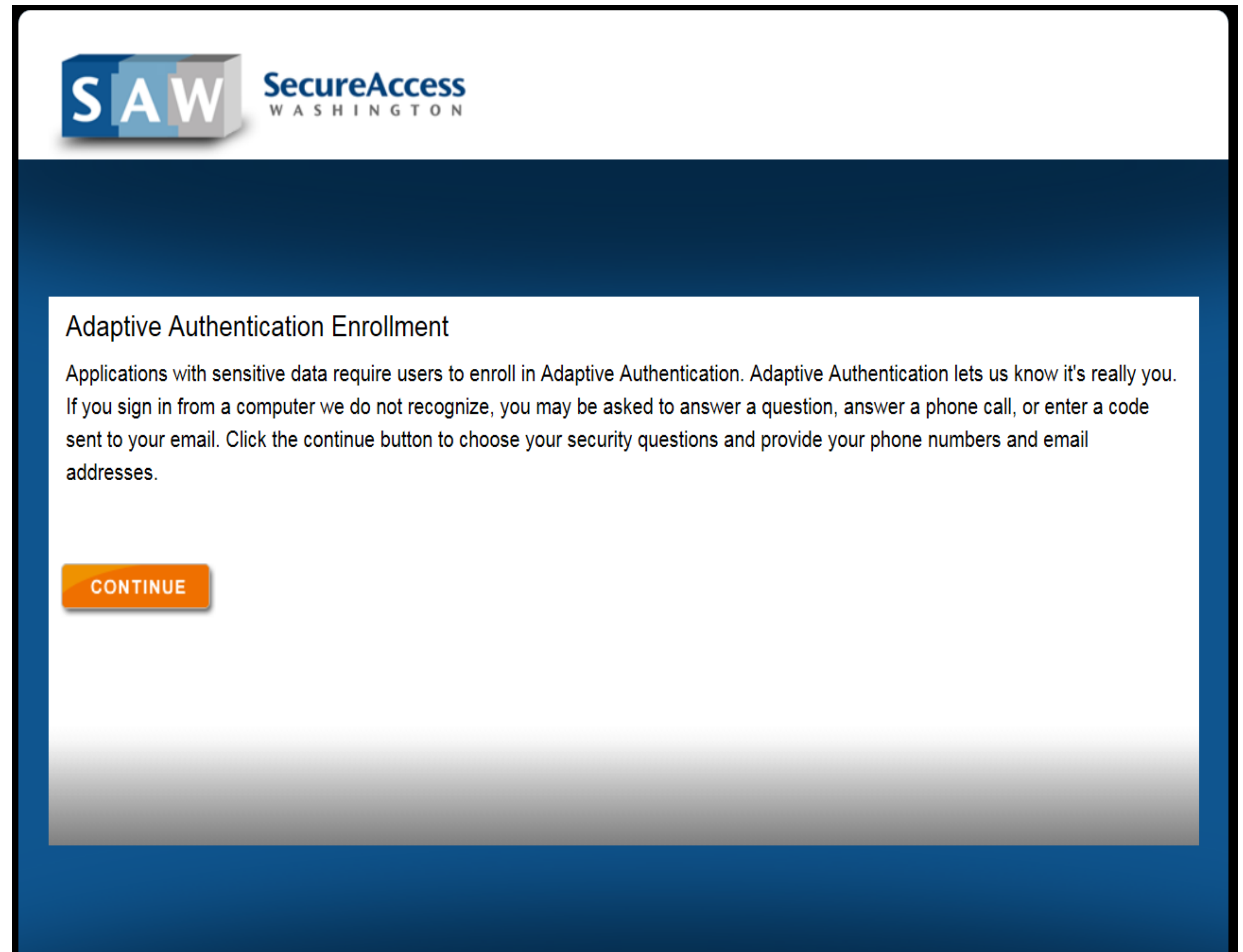
None of the above or I am not familiar with this property

SUBMIT



## Step 4: Adaptive Authentication

- Once you have successfully finished KBA the system will prompt you to set up some information for Adaptive Authentication.
- This will involve providing at least 1 email address and 1 phone number as well as setting up a few questions and answers.



The screenshot shows the 'Adaptive Authentication Enrollment' page of the SecureAccess WASHINGTON system. At the top left is the 'SAW' logo, and at the top right is the 'SecureAccess WASHINGTON' logo. The main heading is 'Adaptive Authentication Enrollment'. Below it, a paragraph explains that applications with sensitive data require enrollment and that the system will ask for security questions and contact information if it doesn't recognize the user's device. An orange 'CONTINUE' button is located at the bottom left of the text area.

**SAW** SecureAccess  
WASHINGTON

### Adaptive Authentication Enrollment

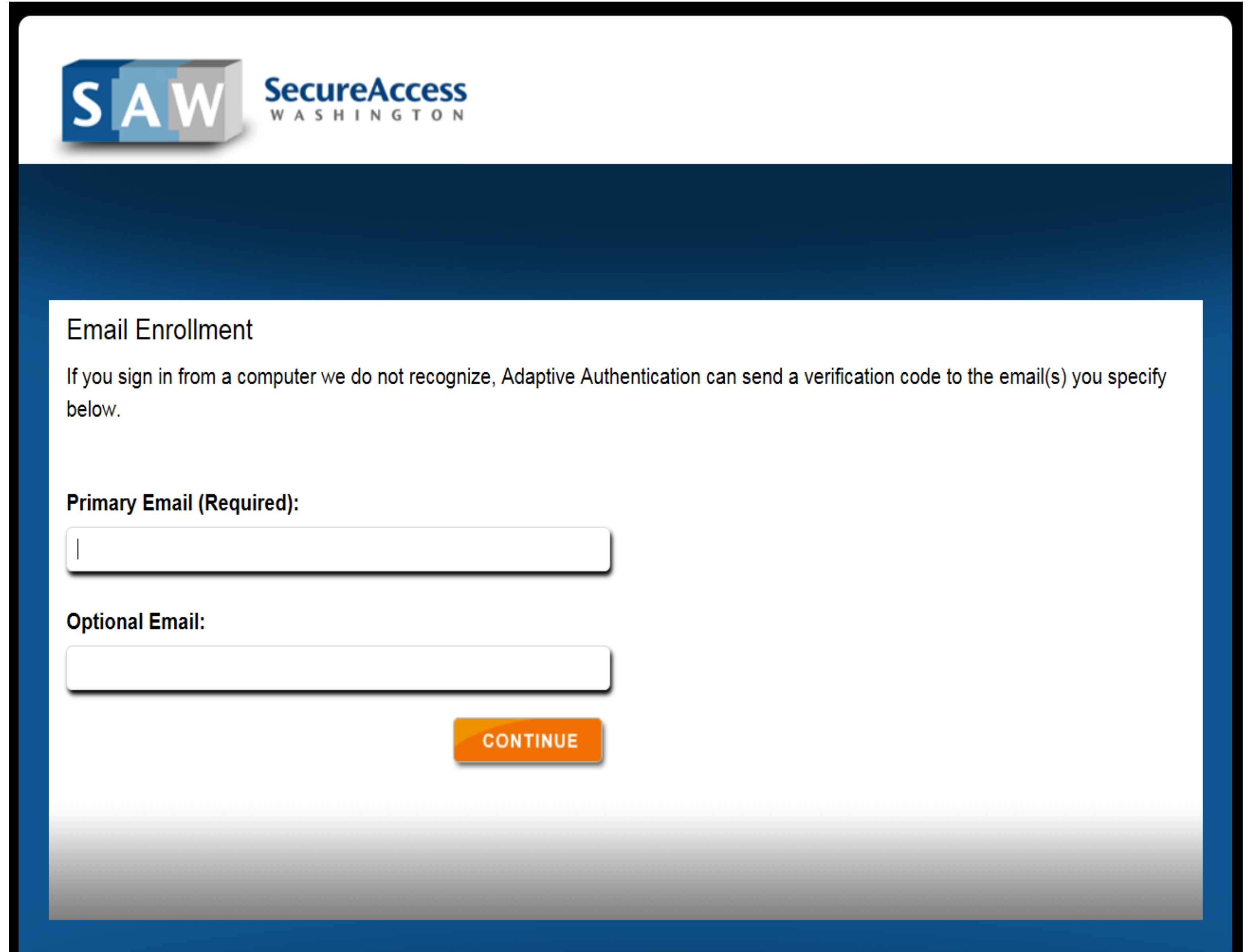
Applications with sensitive data require users to enroll in Adaptive Authentication. Adaptive Authentication lets us know it's really you. If you sign in from a computer we do not recognize, you may be asked to answer a question, answer a phone call, or enter a code sent to your email. Click the continue button to choose your security questions and provide your phone numbers and email addresses.

**CONTINUE**



# Adaptive Authentication: Email Enrollment

- Primary email is your personal e-mail.
- It is used if you get locked out of the system.



The screenshot shows the 'Email Enrollment' page of the SecureAccess WASHINGTON system. At the top left is the 'SAW' logo, and at the top right is the 'SecureAccess WASHINGTON' logo. The main heading is 'Email Enrollment'. Below it, a paragraph explains that if a user signs in from an unrecognized computer, Adaptive Authentication can send a verification code to the email(s) specified below. There are two input fields: 'Primary Email (Required):' and 'Optional Email:'. The 'Primary Email' field is currently empty. Below the 'Optional Email' field is an orange 'CONTINUE' button.

**SAW** SecureAccess  
WASHINGTON

## Email Enrollment

If you sign in from a computer we do not recognize, Adaptive Authentication can send a verification code to the email(s) you specify below.

**Primary Email (Required):**


**Optional Email:**

**CONTINUE**



# Adaptive Authentication: Phone Enrollment

- Primary Phone is your personal phone number in case you have trouble logging into the system.
- Phone Label is what phone you are listing: Home, Cell, Work



### Phone Enrollment


If you sign in from a computer we do not recognize, Adaptive Authentication can call and ask you to enter a code that appears on your screen. Please provide phone numbers that can be answered when accessing your SAW applications.

Primary Phone (Required)	Optional Phone
<b>Phone Label:</b> <input type="text"/>	<b>Phone Label:</b> <input type="text"/>
<b>Country Code:</b> <div>United States (+1) ▼</div>	<b>Country Code:</b> <div>United States (+1) ▼</div>
<b>Phone Number (Include Area Code):</b> <input type="text"/>	<b>Phone Number (Include Area Code):</b> <input type="text"/>
<b>Extension (Optional):</b> <input type="text"/>	<b>Extension (Optional):</b> <input type="text"/>



# Adaptive Authentication: Challenge Questions

- Challenge questions are questions you choose and answer, that will be used to confirm your identification in case the system requires verification.



### Choose Challenge Questions

If you sign in from a computer we do not recognize, Adaptive Authentication may ask you one of the questions you select below. Your answers should be no more than 30 characters (no symbols) and are not case sensitive.

**Question 1:**

- Please select a challenge question -

**Answer:**

**Question 2:**

- Please select a challenge question -

**Answer:**

**Question 3:**

- Please select a challenge question -


**Answer:**

CONTINUE



# Adaptive Authentication: Review & Finalize

- Review your challenge questions and answers
- Select SUBMIT



### Review and Finalize

Please review the information you have entered and make any changes before pressing the "Submit" button.

#### Challenge Questions

**Question 1:** What is the first name of your oldest nephew?  
**Answer:** Bryon

**Question 2:** What is the first name of your oldest niece?  
**Answer:** Shannon

**Question 3:** What is your mother's middle name?  
**Answer:** Angela

#### Phone Numbers

**Work:** +1 - 3602364802

#### Emails

garmy90@gmail.com

#### Remember This Computer?

☒ **Yes.** I plan to use this computer in the future to access my account.  
☐ **No.** This is a public computer or one I do not plan on using often to access my account.

CHANGE


SUBMIT



# Step 5: Access System

After you are setup in the system, you must use your SecureAccess Washington account **each time** to access the database.

- Login to SecureAccess Washington
- Go to My Secure Services
- Click on Medical Marijuana Authorization System to be transferred to the database.



[Logout](#)

[My Secure Services](#)[Account Management](#)[Help](#)

[My Services](#)[+ Add a New Service](#)[Contact Us](#)

**Please note:** SAW is a shared portal serving multiple state agencies. To get help with a service provided through SAW, please contact the sponsoring agency directly. Click the "Contact Us" button to view a list of agency contact information.

Service	Agency	Description	Status	Action
<a href="#">Medical Marijuana Authorization System</a>	Department of Health	Medical Marijuana Authorization System	Active	<a href="#">Remove</a>





## TERMS OF SERVICE

**Terms of Service:**

You are now into AIRLIFT which is the system that runs the medical marijuana database.

- This screen will only come up the first time you register
- Read the terms of use and then check the I Agree box and submit form

**TERMS OF USE DEPARTMENT OF HEALTH**

By accessing the Medical Marijuana Access Database (MMJADB) system, I affirm the following information is true and correct:

I have an ownership interest or I am an employee of a medically endorsed retail store. I am using the MMJADB system solely to validate medical marijuana recognition cards. If I hold a medical marijuana consultant certificate under RCW 69.51A.290 I may also create, renew, or replace medical marijuana recognition cards.

I understand access for any other purpose or disclosure of data from the MMJADB system is a violation of Washington law with criminal sanctions under RCW 69.51A.240 and disciplinary action may be taken against my certificate. I will treat the information in the MMJADB system as health care information protected from disclosure under state laws, chapter 70.02 RCW, and will not disclose, discuss, share, or otherwise violate chapter 70.02 RCW in my access and use of the MMJADB system data.

I am responsible for all use of my user name and password, and any use of the MMJADB system by an employee I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if an employee whom I have authorized to access the system no longer needs access to the MMJADB system, I will notify the Department of Health immediately.

I understand the Department of Health will conduct auditing activities to monitor the use of the MMJADB system. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\* ☐ I agree.

\* fields are required.

 SUBMIT FORM





REGISTRATION

**AIRLIFT Registration:**

Enter your personal information by completing the boxes for name, address, e-mail, date of birth, etc.

FIRST NAME: \*

LAST NAME: \*

ADDRESS 1: \*

ADDRESS 2:

**\*** Asterisk indicates  
required fields



**Consultant Number:**

- The final steps of registration are to enter you consultant certificate number if you are a consultant.

Note: You may have to call DOH to fix your last name if it comes through with your middle initial or name attached to it before your certificate number will be accepted.

- When complete, submit form.

EMAIL ADDRESS: \*

DATE OF BIRTH:

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:

DOH CONSULTANT LICENSE NUMBER:

\* fields are required.

 SUBMIT FORM





PENDING

## Ready to be linked to store:

- You will get this page when have been successfully registered in AIRLIFT.
- You are now in Pending Status and ready for the store owner/delegate to link you to the store.

## REGISTRATION CONFIRMATION

You have successfully registered with the Medical Marijuana Authorization System through Secure Access Washington (SAW). SAW is the state's single sign-on portal for government services.

Access to the Medical Marijuana Authorization System will happen through your SAW account.

Sign into your SAW account here: <https://secureaccess.wa.gov/>

Once you have signed in you will find your Medical Marijuana Authorization System offering on your "My Services" tab.

Your Account ID is (XXXXXXX).

Please keep this for your records and provide it to your store manager(s) so you can be added to any store(s) you work at and in case you need to connect a new SAW account in the future.

## CONSULTANT CERTIFICATE

If you have consultant certificate from the Department of Health, [you can add it here](#).



# What is Pending Status?



- Successfully registered.
- You have no functions in the system until store owner links you to store.
- The next step is for the store owner (or store delegate) to link the store's employees to their roles and permissions. These may be delegates, certified consultants and employees.



# 3 Steps for Owner to Setup Store

Claim  
store(s)

1

Link employees  
to store

2

Assign  
delegate

3



# Step 1: Claim Store



- Master Account Holder (Owner) and store are matched by system based on LCB data
- Owner may have multiple stores to claim
- Only one owner may claim a store
- Once the owner has registered, the system will match their information with what has been given to the database administrators from LCB – keep it up to date!





OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT



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**Store Owner logs in through SAW and selects the Medical Marijuana Access System.**

- You will select the ADD/REMOVE STORES button to link to your store and to your employees.





ADD/REMOVE STORES

STORE MANAGEMENT

ADD/REMOVE STORES

ADD

Add the Stores for which you want to claim Ownership.

**CAN'T FIND YOUR STORE?**

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

**SYSTEM USER GUIDES AND HELP DESK**

SUPPORT

Trade Name: DOH ADMIN  
Physical Address Street: 421 Lilly Road Se  
Physical Address Suite:  
Physical Address City: Olympia  
Physical Address County: Thurston  
Physical Address State: Washington  
Physical Address Zip: 98501  
Mailing Address Street: 421 Lilly Road Se  
Mailing Address Suite:  
Mailing Address City: Olympia  
Mailing Address State: Washington  
Mailing Address Zip: 98501  
Day Phone: 360-236-4521  
Night Phone:  
Email Address: medicalmarijuana@doh.wa.gov  
LCB License Number: 413821  
UBI Number: 603357913  
Termination Date:  
Expiration Date:  
IsTribal: undefined

## Add Store:

- Initially, you will select the store(s) you want to add – **this is a verification feature you only have to do once.**



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ADD/REMOVE STORES

STORE MANAGEMENT

## ADD/REMOVE STORES

UNAVAILABLE

Add the Stores for which you want to claim Ownership.

## CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

## SYSTEM USER GUIDES AND HELP DESK

SUPPORT

Trade Name: DOH ADMIN  
Physical Address Street: 421 Lilly Road Se  
Physical Address Suite:  
Physical Address City: Olympia  
Physical Address County: Thurston  
Physical Address State: Washington  
Physical Address Zip: 98501  
Mailing Address Street: 421 Lilly Road Se  
Mailing Address Suite:  
Mailing Address City: Olympia  
Mailing Address State: Washington  
Mailing Address Zip: 98501  
Day Phone: 360-236-4521  
Night Phone:  
Email Address: medicalmarijuana@doh.wa.gov  
LCB License Number: 413821  
UBI Number: 603357913  
Termination Date:  
Expiration Date:  
IsTribal: undefined

## Unavailable:

- You may have noticed this box by a store.
- This box shows up if another owner has claimed the store already so it would be unavailable to manage.

**NOTE:** If store ownership has changed or is incorrect, you will need to contact the LCB to get it verified and changed in the database.





ADD/REMOVE STORES

STORE MANAGEMENT

## ADD/REMOVE STORES

REMOVE

Add the Stores for which you want to claim Ownership.

## CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

## SYSTEM USER GUIDES AND HELP DESK

SUPPORT

Trade Name: DOH ADMIN  
Physical Address Street: 421 Lilly Road Se  
Physical Address Suite:  
Physical Address City: Olympia  
Physical Address County: Thurston  
Physical Address State: Washington  
Physical Address Zip: 98501  
Mailing Address Street: 421 Lilly Road Se  
Mailing Address Suite:  
Mailing Address City: Olympia  
Mailing Address State: Washington  
Mailing Address Zip: 98501  
Day Phone: 360-236-4521  
Night Phone:  
Email Address: medicalmarijuana@doh.wa.gov  
LCB License Number: 413821  
UBI Number: 603357913  
Termination Date:  
Expiration Date:  
IsTribal: undefined

## Remove Store:

- An owner can select to remove a store that they are no longer the Master Account Holder for.



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**WARNING:** When you do this all employees attached to that store that this Owner linked will be unlinked in 7 days from hitting this button





ADD/REMOVE STORES

STORE MANAGEMENT

ADD/REMOVE STORES

Add the Stores for which you want to claim  
Ownership.

**CAN'T FIND YOUR STORE?**

Call the Department of Health at 360-236-4819  
or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

**SYSTEM USER GUIDES AND HELP DESK**

SUPPORT



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## Find Store:

- And finally, if for some reason your store doesn't come up; you can click on this box for help or give us a call.



# Step 2: Link Employees to Store



- Link to the employees who have completed the registration process in SAW and AIRLIFT.
- Be sure to unlink employees that are no longer working for your store.
- Note: To ensure employees who no longer work at the store aren't still able to access the system, the owner will receive message every quarter to verify that all employees in the system are in fact still working (i.e. linked) to your store.





OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT



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## Store Owner Main Page:

- To link employees to your store, click on the User Management button.





STORE MANAGEMENT

STORE MANAGEMENT

## YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Retail	DOHADMIN
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Consultant	DOHAdmin

[ADD USER](#)

Add the Stores for which you want to claim Ownership.

## CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

[EMAIL DEPARTMENT OF HEALTH](#)

## SYSTEM USER GUIDES AND HELP DESK

[SUPPORT](#)

## Add Employees to your store:

- Each employee must have their own individual SAW account to be registered in the system, so the owner can add them to the store.
- Click the 'Add User' button for the store you wish to add employees to.



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Stefin Bradbury

SEARCH

CLOSE

Enter Search Query

### Search for employee by name:

- Only employees who have SAW accounts and have registered for the MMJAS can be found in the Search.



CLOSE

Stefin Bradbury

SEARCH

	Last Name	First Name	Email Address	Business Phone Number
ADD	Bradbury	duplicateStefin	Mrstefin@gmail.com	(253) 444-5444
ADD	Bradbury	Stefin	mrstefin@gmail.com	(253) 444-5444

## A successful search will return the employee name:

- Watch for similar names and make sure you choose the correct employee.
- Click add to link this employee to your store.





STORE MANAGEMENT

STORE MANAGEMENT

## YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
REMOVE USER REMOVE DELEGATE	Retail	DOHADMIN
REMOVE USER REMOVE DELEGATE	Consultant	DOHAdmin
REMOVE USER SET DELEGATE	Stefin	Bradbury

Add the Stores for which you want to claim Ownership.

## CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

[EMAIL DEPARTMENT OF HEALTH](#)

## SYSTEM USER GUIDES AND HELP DESK

[SUPPORT](#)

**The employee is now added to the list of employees linked to the store:**

- You see that you can now remove the user if the employee leaves employment, OR
- Set as a delegate if the employee is a manager



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# Step 3: Assign Delegate



- Delegate can perform employee management
- Will have all rights as store owner except the ability to remove store from system
- Any employee can be made delegate





OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT



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## Store Owner Main page:

- Select User Management.





STORE MANAGEMENT

STORE MANAGEMENT

## YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Retail	DOHADMIN
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Consultant	DOHAdmin
<a href="#">REMOVE USER</a> <a href="#">SET DELEGATE</a>	Stefin	Bradbury
<a href="#">ADD USER</a>		

Add the Stores for which you want to claim Ownership.

## CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

[EMAIL DEPARTMENT OF HEALTH](#)

## SYSTEM USER GUIDES AND HELP DESK

[SUPPORT](#)

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## Choose from employees linked:

- Select SET DELEGATE button





STORE MANAGEMENT

STORE MANAGEMENT

YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
<div>REMOVE USERREMOVE DELEGATE</div>	Retail	DOHADMIN
<div>REMOVE USERREMOVE DELEGATE</div>	Consultant	DOHAdmin
<div>REMOVE USERREMOVE DELEGATE</div>	Stefin	Bradbury
<div>ADD USER</div>		

Add the Stores for which you want to claim Ownership.

CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

SYSTEM USER GUIDES AND HELP DESK

SUPPORT



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The SET DELEGATE button turns to REMOVE DELEGATE.



# Overview of Authorization Form

**Valid Form**

**Tamper  
Resistant Paper**




# Authorization Form Overview

Here is what the current form looks like. In order to be valid, it must be:

- Completed by healthcare practitioner with their office contact phone number
- **All fields must be completed or have N/A if does not apply**
- Printed one sided – two pages
- Tamper resistant paper

**NOTE: As consultants, you DO NOT have to call and verify every form that comes in. Only if you think it may not be valid.**





Medical Marijuana Program  
P.O. Box 47852 | Olympia, WA 98504-7852  
Telephone: 360-236-4819 | Fax: 360-236-2901

Patient/Designated Provider Notification

An authorization for the medical use of marijuana does not provide protection from arrest unless the patient and designated provider, if any, are entered into the medical marijuana authorization database and hold a recognition card.

An authorized patient or designated provider may not:

- Sell, donate, or otherwise supply the patient’s marijuana to another person.
- Use or display marijuana in a manner or place that is open to the view of the general public.
- Grow, possess, or use marijuana on federal property.

using unit even if multiple qualifying patients or designated providers

ana or marijuana-infused products if any portion of such activity can be readily smelled from a public place or the private property of another

Washington State Medical Marijuana Authorization Form

Patient and Designated Provider Information			
Full Legal Name of Patient		Full Legal Name of Designated Provider (if any)	
Street Address		Designated Provider Street Address	
City	State	City	State
Patient’s Date of Birth	ZIP Code	Designated Provider’s Date of Birth	ZIP Code
Authorizing Healthcare Practitioner Information			
Name of Healthcare Practitioner (as appears on license)		Healthcare Practitioner License No. (Ex. – MD00001111)	
Business Street Address for Healthcare Practitioner		City, State and ZIP Code for Healthcare Practitioner	
Telephone number for Healthcare Practitioner where this authorization can be verified during normal business hours			
Attestation of Healthcare Practitioner			
I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient’s activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):			
<input type="checkbox"/> Cancer <input type="checkbox"/> HIV <input type="checkbox"/> Epilepsy or other seizure disorder <input type="checkbox"/> Spasticity disorder <input type="checkbox"/> Intractable pain <input type="checkbox"/> Posttraumatic stress disorder <input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity		<input type="checkbox"/> Glaucoma <input type="checkbox"/> Crohn’s disease <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Chronic renal failure requiring hemodialysis <input type="checkbox"/> Traumatic brain injury	
I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.			
Healthcare Practitioner Signature			
Date Issued		Expiration Date	
<b>OPTIONAL:</b> In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law. I recommend this patient be allowed to grow up to _____ plants (not to exceed 15) in his or her domicile for his or her personal use. (Note: This provision applies only after July 1, 2016, and requires the patient and designated provider, if any, to be entered into the medical marijuana authorization database and hold a recognition card.)			
Health Care Practitioner Signature (if recommending additional plants)			

DOH 630-123 June 2015

Page 1 of 2

Washington State Department of Health logo

Medical Marijuana Program  
P.O. Box 47852 | Olympia, WA 98504-7852  
Telephone: 360-236-4819 | Fax: 360-236-2901

Washington State Medical Marijuana Authorization Form

Patient and Designated Provider Information			
Full Legal Name of Patient		Full Legal Name of Designated Provider (if any)	
Street Address		Designated Provider Street Address	
City	State	City	State
Patient’s Date of Birth	ZIP Code	Designated Provider’s Date of Birth	ZIP Code
Authorizing Healthcare Practitioner Information			
Name of Healthcare Practitioner (as appears on license)		Healthcare Practitioner License No. (Ex. – MD00001111)	
Business Street Address for Healthcare Practitioner		City, State and ZIP Code for Healthcare Practitioner	
Telephone number for Healthcare Practitioner where this authorization can be verified during normal business hours			
Attestation of Healthcare Practitioner			
I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient’s activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):			
<input type="checkbox"/> Cancer <input type="checkbox"/> HIV <input type="checkbox"/> Epilepsy or other seizure disorder <input type="checkbox"/> Spasticity disorder <input type="checkbox"/> Intractable pain <input type="checkbox"/> Posttraumatic stress disorder <input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity		<input type="checkbox"/> Glaucoma <input type="checkbox"/> Crohn’s disease <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Chronic renal failure requiring hemodialysis <input type="checkbox"/> Traumatic brain injury	
I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.			
Healthcare Practitioner Signature			
Date Issued		Expiration Date	
<b>OPTIONAL:</b> In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law. I recommend this patient be allowed to grow up to _____ plants (not to exceed 15) in his or her domicile for his or her personal use. (Note: This provision applies only after July 1, 2016, and requires the patient and designated provider, if any, to be entered into the medical marijuana authorization database and hold a recognition card.)			
Health Care Practitioner Signature (if recommending additional plants)			

DOH 630-123 June 2015

Page 2 of 2





Patient and Designated Provider Information			
Full Legal Name of Patient		Full Legal Name of Designated Provider (if any)	
Street Address		Designated Provider Street Address	
City	State	City	State
Patient's Date of Birth	ZIP Code	Designated Provider's Date of Birth	ZIP Code

### Designated Provider Section:

- A designated provider is someone that the medical marijuana patient authorizes to purchase their marijuana product for or to grow the marijuana for the patient. They must be named on the patient's Medical Marijuana Authorization Form and have a completed form also printed on the tamper-proof paper.
- The patient and designated provider, if any, must each obtain an individual authorization from the authorizing healthcare professional. It's not sufficient for the designated provider to possess a copy of the patient's authorization.
- The designated provider must sign the form under the attestation on page 2 of the form.



Authorizing Healthcare Practitioner Information	
Name of Healthcare Practitioner (as appears on license)	Healthcare Practitioner License No. (Ex. – MD00001111)
Business Street Address for Healthcare Practitioner	City, State and ZIP Code for Healthcare Practitioner
Telephone number for Healthcare Practitioner where this authorization can be verified during normal business hours	

## Healthcare Practitioner Section:

- The healthcare practitioner (doctor) must complete the form and have an active license number that is correctly entered into the database.
- A patient cannot be registered in the database if the system cannot find the number listed. **Contact DOH if you cannot get the number to take.**
- A qualifying condition must be checked.



Attestation of Healthcare Practitioner															
<p>I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Glaucoma</td> </tr> <tr> <td><input type="checkbox"/> HIV</td> <td><input type="checkbox"/> Crohn's disease</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy or other seizure disorder</td> <td><input type="checkbox"/> Multiple sclerosis</td> </tr> <tr> <td><input type="checkbox"/> Spasticity disorder</td> <td><input type="checkbox"/> Hepatitis C</td> </tr> <tr> <td><input type="checkbox"/> Intractable pain</td> <td><input type="checkbox"/> Chronic renal failure requiring hemodialysis</td> </tr> <tr> <td><input type="checkbox"/> Posttraumatic stress disorder</td> <td><input type="checkbox"/> Traumatic brain injury</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity</td> </tr> </table> <p>I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.</p>		<input type="checkbox"/> Cancer	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> HIV	<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> Epilepsy or other seizure disorder	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Spasticity disorder	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Intractable pain	<input type="checkbox"/> Chronic renal failure requiring hemodialysis	<input type="checkbox"/> Posttraumatic stress disorder	<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Glaucoma														
<input type="checkbox"/> HIV	<input type="checkbox"/> Crohn's disease														
<input type="checkbox"/> Epilepsy or other seizure disorder	<input type="checkbox"/> Multiple sclerosis														
<input type="checkbox"/> Spasticity disorder	<input type="checkbox"/> Hepatitis C														
<input type="checkbox"/> Intractable pain	<input type="checkbox"/> Chronic renal failure requiring hemodialysis														
<input type="checkbox"/> Posttraumatic stress disorder	<input type="checkbox"/> Traumatic brain injury														
<input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity															
<p>Healthcare Practitioner Signature</p>															

## Healthcare Practitioner Attestation Section:

- A qualifying condition must be checked.
- Requires doctor's signature



Date Issued	Expiration Date
-------------	-----------------

### Expiration Date:

- Authorizations expire after 1 year for adult patients and 6 months for patients under 18 years.
- The authorizing healthcare practitioner **may** indicate an earlier expiration date, but the law does not require that.



**OPTIONAL:** In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law. I recommend this patient be allowed to grow up to \_\_\_\_\_ plants (not to exceed 15) in his or her domicile for his or her personal use. (Note: This provision applies only after July 1, 2016, and requires the patient and designated provider, if any, to be entered into the medical marijuana authorization database and hold a recognition card.)

Health Care Practitioner Signature (if recommending additional plants)

## Optional Additional Plant Section:

- The doctor may indicate in the blank space above up to 15 plants.
- To be valid, the doctor must sign under the recommendation.
- If there is no number in the blank space or the doctor put a number less than 6 plants, the default number in the database is always 6 plants.



Patient/Designated Provider Notification

An authorization for the medical use of marijuana does not provide protection from arrest unless the patient and designated provider, if any, are entered into the medical marijuana authorization database and hold a recognition card.

An authorized patient or designated provider may not:

- Sell, donate, or otherwise supply the patient's marijuana to another person.
- Use or display marijuana in a manner or place that is open to the view of the general public.
- Grow, possess, or use marijuana on federal property.
- Grow more than 15 plants in any one housing unit even if multiple qualifying patients or designated providers reside in the housing unit.
- Grow, store, produce, or process marijuana or marijuana-infused products if any portion of such activity can be readily seen by normal unaided vision or readily smelled from a public place or the private property of another housing unit.

Patient/Designated Provider Attestation

Patient: I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I further attest that I have read chapter 69.51A RCW and understand the legal requirements of being a patient.

OR

Designated provider: I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I can serve as the designated provider for only one patient at a time. I further understand that I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I further attest that I have read chapter 69.51A RCW and understand the legal requirements of being a designated provider.

Signature of Patient or Designated Provider

Date

NOTE: In order to be valid this authorization must be:

- Fully completed and signed by the authorizing healthcare practitioner. Every field must be filled in, even if it is described as "optional." If a designated provider is not identified, those fields must be marked N/A.
- Printed on tamper-resistant paper as defined in RCW 69.51A.010.
- Written on this form (or a subsequent version) for **NEW** authorizations and renewals beginning July 24, 2015.
- Written on this form (or a subsequent version) for **ALL** authorizations beginning July 1, 2016.

Authorizations expire after one year for adult patients and six months for patients under the age of 18. The authorizing healthcare practitioner may indicate an earlier expiration date. A copy must be kept in the patient's medical record.

The patient and designated provider, if any, must obtain individual authorizations from the authorizing healthcare practitioner. It is not sufficient for the designated provider to possess a copy of the patient's authorization.

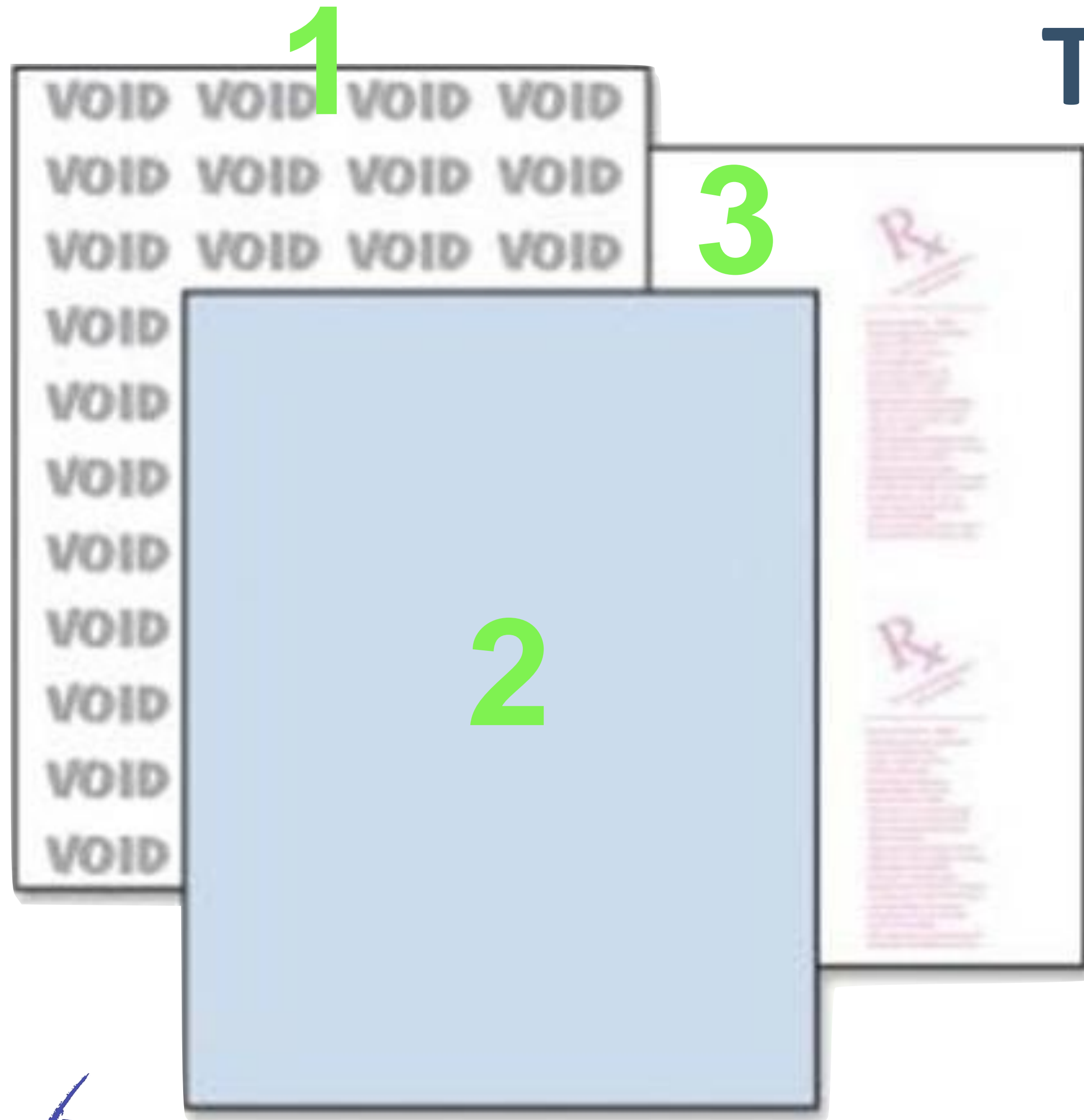
For questions contact the Medical Marijuana Program at [medicalmarijuana@doh.wa.gov](mailto:medicalmarijuana@doh.wa.gov) or (360) 236-4819, or visit the Department of Health's website at [www.doh.wa.gov/medicalmarijuana](http://www.doh.wa.gov/medicalmarijuana).

Signature, Date

- The patient or designated provider signs the 2<sup>nd</sup> page of their respective forms.



# Tamper Resistant Paper



- Available to doctors where they order their prescription pads.
- Contains one industry-recognized feature from each of these:
  - 1. Unable to be copied**  
Void or Copy will show when copied
  - 2. Can't modify**  
Thickness and quality of the paper makes it hard to copy. May be any color – not just light blue.
  - 3. Can't counterfeit**  
Has features like this on the back



# Recognition Cards

**Adult Patient**

**Designated Provider**

**Minor Patient**

**Security Features**



# Adult Patient Recognition Card

## WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

**CARD# 5059 7693 4751 4506**

**JENNIFER JOHNSON**

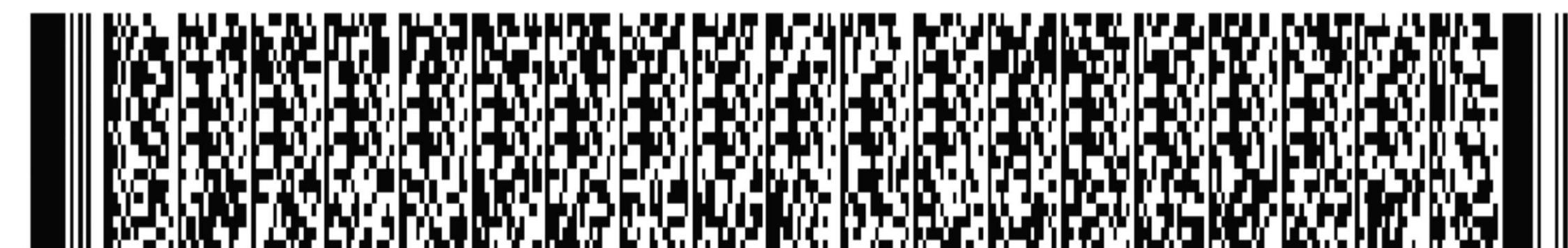
**EFFECTIVE DATE: 08-08-2016**

**EXPIRATION DATE: 08-08-2017**

**PLANT LIMIT: 6**

**Authorizing Healthcare Practitioner:**

**JOHN J. DOE**



**CARD# 5059 7693 4751 4506**



NOT FOR IDENTIFICATION PURPOSES

**WARNING: IT IS ILLEGAL TO DUPLICATE THIS  
CARD EXCEPT WHEN ALLOWED BY LAW**



### TRANSACTION AMOUNTS:

- Usable Marijuana (3 ounces maximum)
- Solid Infusion (48 ounces maximum)
- Liquid Infusion (216 ounces maximum)
- Concentrates (21 grams maximum)

### QUESTIONS?

Call the Washington State Department of Health  
Medical Marijuana Program (360) 236-4819



# Designated Provider Card

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

DESIGNATED PROVIDER



EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:

JOHN J. DOE



Corresponding Patient Card#  
5059 7693 4751 4507



# Minor Patient Card

## WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

**CARD# 5059 7693 4751 4506**

**JENNIFER JOHNSON**

**PATIENT**



EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:

**JOHN J. DOE**



**MINOR**

**UNDER 18**

**Must be accompanied by designated provider**



# Card Security Features

## WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

**CARD# 5059 7693 4751 4506**

**JENNIFER JOHNSON**

**EFFECTIVE DATE: 08-08-2016**

**EXPIRATION DATE: 08-08-2017**

**PLANT LIMIT: 6**

**Authorizing Healthcare Practitioner:**

**JOHN J. DOE**

**PATIENT**



**3**



# Card Security Features

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

**CARD# 5059 7693 4751 4506**

JENNIFER JOHNSON

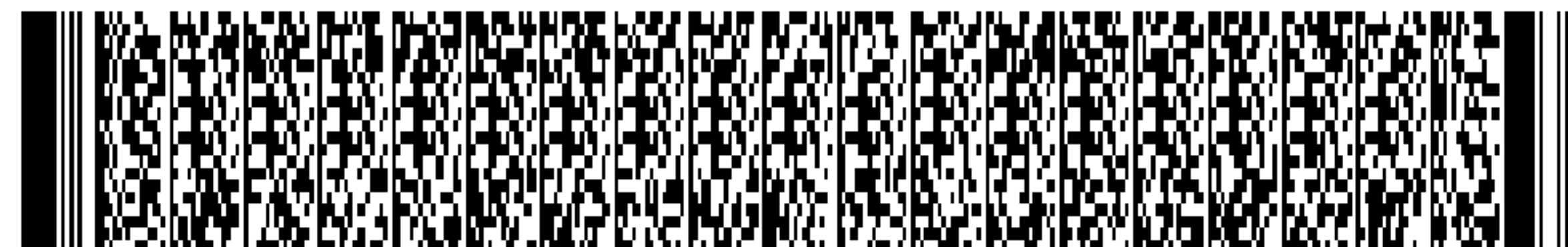
EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:

**JOHN J. DOE**



**CARD# 5059 7693 4751 4506**



NOT FOR IDENTIFICATION PURPOSES

WARNING: IT IS ILLEGAL TO DUPLICATE THIS CARD EXCEPT WHEN ALLOWED BY LAW



**TRANSACTION AMOUNTS:**

- Usable Marijuana (3 ounces maximum)
- Solid Infusion (48 ounces maximum)
- Liquid Infusion (216 ounces maximum)
- Concentrates (21 grams maximum)

**QUESTIONS?**

Call the Washington State Department of Health  
Medical Marijuana Program (360) 236-4819

**PATIENT**





# 5 Steps for Consultant to Create Card

Review  
Authorization  
Form and verify ID

Take photo and  
save in file

Enter form  
information into  
database

Print and  
lamine card

Collect \$1  
card fee

1

2

3

4

5



# Step 1: Check Identification



- Check their ID to ensure they are who they say they are.
- Address on ID does not have to match what is on the form.
- Minor patients do not require identification.



# Step 2. Take Photo



- Solid white or light background
- Stabilize camera
- Face forward with eye contact
- Good lighting to eliminate shadows on and around face
- Ensure there is background showing all around behind their head
- No head covering
- Just head/shoulder shot



# Step 3: Enter information into database



- Before you begin data entry, visually scan the authorization form to make sure it is completely filled out and signed by both the doctor and the patient/designated provider.
- Enter information as it appears on the authorization form.



# Step 4. Print and Laminate Card



- Card will be printed on single sheet of white paper
- Both sides of card are on the front of paper
- Cut to size and fold in half
- Heat laminate card and trim excess plastic



# 5. Collect Fee



- Law requires \$1 fee from card holder
- Stores remit fees to Department of Health
- System tracks creations that require fee:
  1. New card
  2. Renewed card
  3. Replace lost card



# Example: Create a Card

**You must always access the system through SAW:**

- You will see this screen where you will put in your user ID and password and click LOGIN.



The screenshot shows the SecureAccess Washington login interface. At the top, the SAW logo and 'SecureAccess WASHINGTON' text are visible. Navigation links for 'News', 'Video', and 'Help' are in the top right. The main heading is 'Log in to SecureAccess Washington'. The login section includes a 'User ID:' label, a text input field, a 'Password:' label, another text input field, and an orange 'LOGIN' button. These three elements are circled in red. To the right of the login fields are four icons with question marks: a person icon labeled 'Retrieve User', a lock icon labeled 'Reset Password', a person with a checkmark labeled 'Activate Account', and an envelope icon labeled 'Missing Email?'. Below these is a banner for 'Get cyber security news and alerts by following our Security Operations Center' with a Twitter icon. At the bottom left, it says 'Do not have an account? [Create one](#)'. At the bottom right, there is a 'Privacy Notice' link. The footer contains copyright information: '© Copyright 2015 Consolidated Technology Services All Rights Reserved'.



# Database System Login

Click on the service – Medical Marijuana Authorization System and this will take you into AIRLIFT

The screenshot displays the SAW (SecureAccess WASHINGTON) portal. At the top, there is a logo for SAW and SecureAccess WASHINGTON, along with a 'Logout' button. Below the logo, there are three green buttons: 'My Secure Services', 'Account Management', and 'Help'. The main content area features a dark blue header with 'My Services', '+ Add a New Service', and 'Contact Us' buttons. A yellow notice bar states: 'Please note: SAW is a shared portal serving multiple state agencies. To get help with a service provided through SAW, please contact the sponsoring agency directly. Click the "Contact Us" button to view a list of agency contact information.' Below this, a table lists services:

Service	Agency	Description	Status	Action
<a href="#">Medical Marijuana Authorization System</a>	Department of Health	Medical Marijuana Authorization System	Active	<a href="#">Remove</a>

At the bottom of the page, there is a footer with '© Copyright 2016 Consolidated Technology Services' and a 'Privacy Notice' link.





CARD VALIDATION

CARD MANAGEMENT

STORE MANAGEMENT

## CHIPMUNKS MMJ SHOP MODIFY

VERIFY A CARD

### INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

### SYSTEM USER GUIDES AND HELP DESK

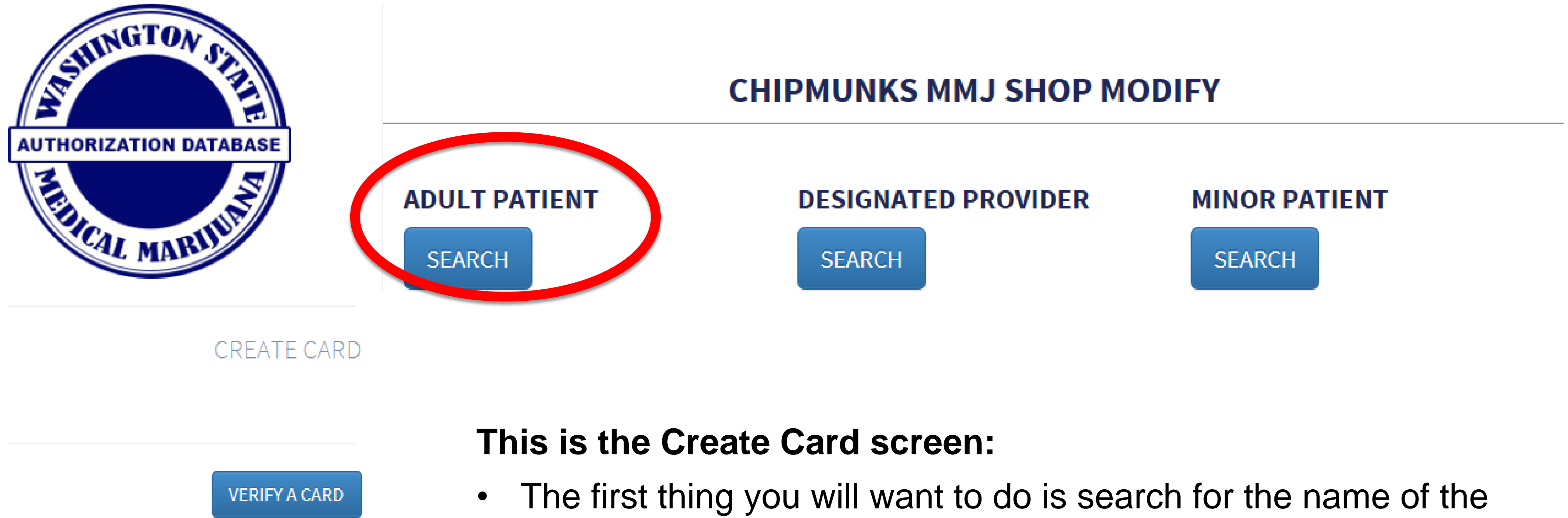
SUPPORT

### Create Card:

- For a consultant (who is also a DELEGATE in this example), your initial screen will give you the option of CREATING CARD or VERIFYING CARD
- Choose CARD Management
- You will choose CREATE CARD and...



# Create Card Step 1: Choose Type of Card



WASHINGTON STATE  
AUTHORIZATION DATABASE  
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP MODIFY

ADULT PATIENT  
SEARCH

DESIGNATED PROVIDER  
SEARCH

MINOR PATIENT  
SEARCH

CREATE CARD

VERIFY A CARD

## This is the Create Card screen:

- The first thing you will want to do is search for the name of the person on the Authorization Form under one of these three designations. This is to ensure they do not already have an active card in the system.
- Once you choose which type of card they will have, this will bring you to the name search screen



# Create Card Step 2: Name Search



PATIENT SEARCH

CARD MANAGEMENT

## CHIPMUNKS MMJ SHOP MODIFY

SEARCH BY...

NAME AND DATE OF BIRTH

CARD NUMBER

Jennifer Johnson

Flexible Search: Last name, First name or First name Last name

01/14/1993



SEARCH

### Name Search:

- Type in the person’s first and last name
- Type in date of birth
- Hit search





## CHIPMUNKS MMJ SHOP MODIFY

SEARCH BY...

NAME AND DATE OF BIRTH

CARD NUMBER

Jennifer Johnson

01/14/1993



SEARCH

Flexible Search: Last name, First name or First name Last name

PATIENT SEARCH

CARD MANAGEMENT

### NO MATCHING PATIENT AUTHORIZATIONS FOUND

Do you want to create a new request?

CREATE NEW AUTHORIZATION

- Most likely, it will not bring up anyone and you will get this message - then it will be time to start entering the data into the system.
- If a record comes up for the person, you will want to verify if that is actually them or if it is a different person with the same name – **it will show DOB and Address so you can compare.**
- If it IS the same person, then they are already in the system and you DO NOT create a new card for them, unless it has expired and it is time for a renewal.



# Create Card Step 3: Enter Data



CREATE ADULT PATIENT

VERIFY A CARD

## CHIPMUNKS MMJ SHOP MODIFY

First name *	M.I.	Last name *	Suffix
<input type="text" value="First name"/>	<input type="text"/>	<input type="text" value="Last name"/>	<input type="text" value="Suffix"/>
Date of Birth *	Gender *		
<div><input type="text" value="mm/dd/yyyy"/><div></div></div>	<input type="radio"/> Female <input type="radio"/> Male		
Address *			
<input type="text" value="Address"/>			
<input type="text" value="Address (Line 2)"/>			
<input type="text" value="City"/>	<div>Washington<div></div></div>	<input type="text" value="Zip"/>	



## Take or Enter Photo

- If you are using an iOS system – like your iPad for your data entry, you can take the photo with it and then upload to the system from the same piece of equipment.
- Click “Take Photo” here allows you to take a photo using your devices web cam
- Once taken, you have the option to USE the photo  
OR
- You can choose to RETAKE if you did not get a good photo



CREATE ADULT PATIENT

VERIFY A CARD

### CHIPMUNKS MMJ SHOP MODIFY

First name \*

First name

M.I.

Last name \*

Last name

Suffix

Suffix

Date of Birth \*

mm/dd/yyyy

Gender \*

☐ Female

☐ Male

Address \*

Address

Address (Line 2)

City

Washington

Zip

Photo \*

Browse...



# Healthcare Practitioner License

- Though the Authorization form is required to have the phone number – you are NOT required to call and verify unless you think there is something not quite right about the form.
- The Healthcare Practitioner License number will be matched right away if it is valid and will look like this.
- If not you will get an error message and we recommend to try again to make sure you didn't enter it incorrectly. Also, be sure to put in all numbers, including leading zeros.

NOTE: If it appears to be good, yet does not let you create card when you get to the end, you need to clear you internet browser history (cache) and begin again.

Identification Type \*

▼

Identification Number \*

ID Number

Healthcare Practitioner License \*

Practitioner License

Healthcare Practitioner Address \*

Address

Healthcare Practitioner License \*

MD12345678

✓ Practitioner: FRED TEST

Qualifying Conditions \*

☐ Cancer

☐ HIV

☐ Epilepsy or Other Seizure Disorder

☐ Spasticity Disorder

☐ Intractable Pain

☐ Post-traumatic Stress Disorder

☐ A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity.

☐ Glaucoma

☐ Crohn's Disease

☐ Multiple Sclerosis

☐ Hepatitis C

☐ Chronic Renal Failure Requiring Hemodialysis

☐ Traumatic Brain Injury

Plant Limitations \*

6 - 15



Qualifying Conditions \*

- ☐ Cancer
- ☐ HIV
- ☐ Epilepsy or Other Seizure Disorder
- ☐ Spasticity Disorder
- ☐ Intractable Pain
- ☐ Post-traumatic Stress Disorder
- ☐ A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity.
- ☐ Glaucoma
- ☐ Crohn's Disease
- ☐ Multiple Sclerosis
- ☐ Hepatitis C
- ☐ Chronic Renal Failure Requiring Hemodialysis
- ☐ Traumatic Brain Injury

Plant Limitations \*

6 - 15

Authorization Issue Date \*

mm/dd/yyyy

Authorization Expiration Date \*

mm/dd/yyyy

Must be within 1 year of issue date.





# Create Card Step 5: Generate Card

Select **GENERATE CARD** to submit all entered data and the photo

- This is the final Step that sends all data and merges the photo together
- Have patient verify information if they can be shown the screen – or you go through and verify.
- If there is an error – you can edit authorization right here.
- If all is accurate, click on **Generate Card**



**JENNIFER J JOHNSON**

123 Jones Street  
Olympia, Washington 98513



RETAIL CARD TRANSACTION

VERIFY A CARD

Date of Birth	01/14/1993
Gender	female
Valid Photo ID Type	Driver's License
Valid Photo ID Number	JJJ234NU
Healthcare License	MD12345678
Healthcare Address 1	1234 Lovely Lane
Healthcare Address 2	
Healthcare City	Tumwater
Healthcare State	Washington
Healthcare Zip	98501
Healthcare Phone Number	(360) 222-1954
Qualifying Conditions	• Cancer
Plant Limitations	12
Authorization Issue Date	09/12/2016
Authorization Expire Date	09/11/2017

**CARDS**

GENERATE CARD

EDIT AUTHORIZATION





# Create Card Step 6: Print Card

- A picture of what the card will look like is on the screen for review.
- Select print



JENNIFER J JOHNSON

123 Jones Street  
Olympia, Washington 98513

RETAIL CARD TRANSACTION

VERIFY A CARD



Date of Birth	01/14/1993
Gender	female
Valid Photo ID Type	Driver's License
Valid Photo ID Number	JJJ234NU
Healthcare License	MD12345678
Healthcare Address 1	1234 Lovely Lane
Healthcare Address 2	
Healthcare City	Tumwater
Healthcare State	Washington
Healthcare Zip	98501
Healthcare Phone Number	(360) 222-1954
Qualifying Conditions	• Cancer
Plant Limitations	12
Authorization Issue Date	09/12/2016
Authorization Expire Date	09/11/2017

## CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 4810 0503 0917 1947

JENNIFER J JOHNSON

EFFECTIVE DATE: 09-12-2016

EXPIRATION DATE: 09-11-2017

PLANT LIMIT: 12

Authorizing Healthcare Practitioner: FRED TEST

PATIENT

Card #4810 0503 0917 1947

PRINT RENEW REPLACE CORRECT



## Print

Total: 1 sheet of paper

Cancel

Print

Destination



Wireless Laser Master  
HP LaserJet 1022, 1.6.1

Change...

Pages

☒ All

☐ e.g. 1-5, 8, 11-13

Copies

1 + -

Paper size

US Letter

Options

☒ Fit to page

[Print using system dialog... \(\\\*P\)](#)

[Open PDF in Preview](#)



## Cut out card:

- Once printed, you will cut along the dotted line and fold where marked.



# Create Card Step 7: Cut, Fold and Hot Laminate Card





# Designated Provider Card

- A Designated Provider for a patient entered in the database will need to come in to have their card created as well.
- First select Designated Provider to search name to ensure they are not already in the database as a designated provider for another patient.
- Follow system prompts to enter information and search for the patient the designated provider will be linked to.



CREATE CARD

VERIFY A CARD

## CHIPMUNKS MMJ SHOP MODIFY

ADULT PATIENT

SEARCH

DESIGNATED PROVIDER

SEARCH

MINOR PATIENT

SEARCH



# Minor Card

**A Minor Patient must be accompanied by their Designated Provider at all times in your store.**

- Select Minor Patient to search name.
- Follow same steps for creating adult card.



CREATE CARD

VERIFY A CARD

## CHIPMUNKS MMJ SHOP MODIFY

ADULT PATIENT

SEARCH

DESIGNATED PROVIDER

SEARCH

MINOR PATIENT

SEARCH



# Designated Provider Card for Minor

- After you completed the authorization form for the minor, the system will prompt you to enter information for the designated provider.
- Card generating and printing is a **two-step process**, since two cards are being generated.
- Follow the on-screen instructions to print cards for **minor patient** and **designated provider**.



SELECT PATIENT AUTHORIZED TO ASSIST

- If patient is not found in system, card cannot be created.
- Add patient to provider.



# Other Card Functions

**Verify**

**Renew**

**Replace**

**Correct**

**Reprint**



# 5 Steps for Verification and Sale





# Verify Card



CARD VALIDATION

CREATE CARD

## LOLLYPOP

VERIFY A CARD

### INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

### SYSTEM USER GUIDES AND HELP DESK

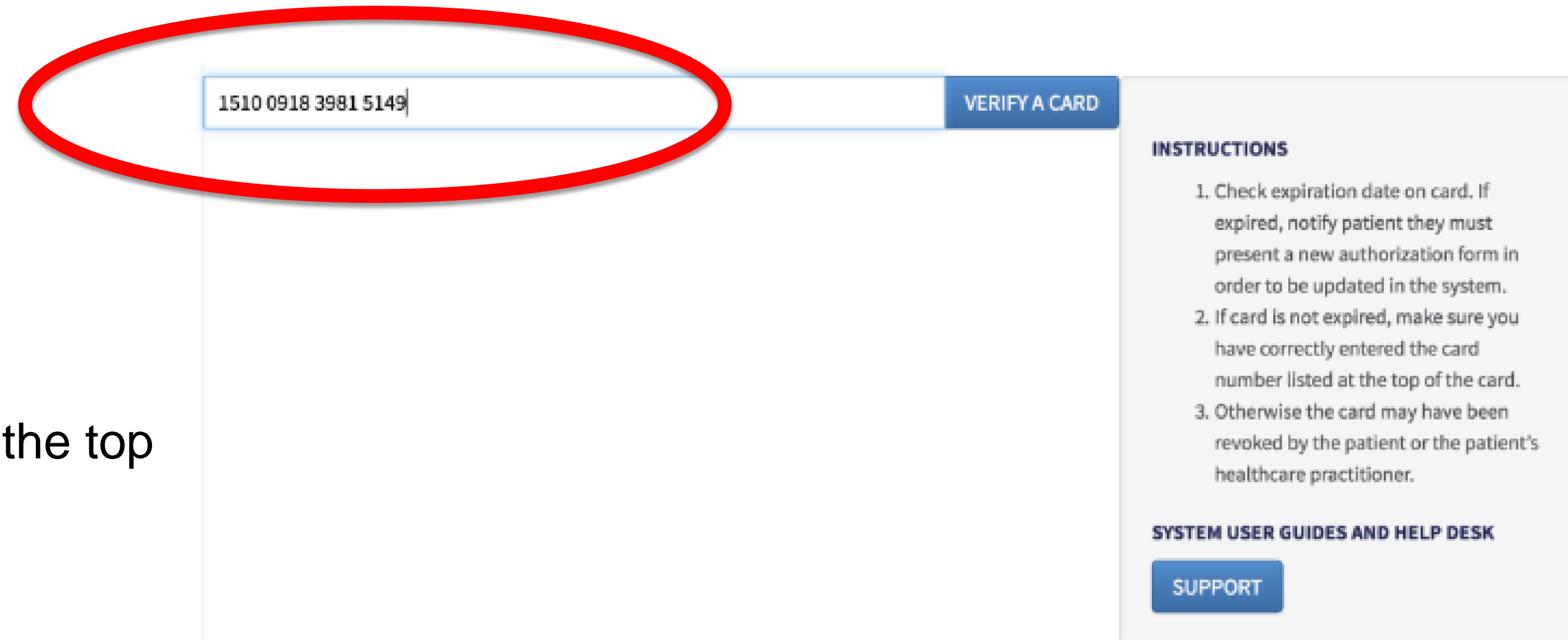
SUPPORT



- Type in the CARD # from the top of the card

OR

- Use your 1-D or 2-D scanner to scan the bar code on the back to enter in the number



1510 0918 3981 5149

VERIFY A CARD

**INSTRUCTIONS**

1. Check expiration date on card. If expired, notify patient they must present a new authorization form in order to be updated in the system.
2. If card is not expired, make sure you have correctly entered the card number listed at the top of the card.
3. Otherwise the card may have been revoked by the patient or the patient's healthcare practitioner.

**SYSTEM USER GUIDES AND HELP DESK**

SUPPORT



# Card is Valid

The instructions box reminds you what to do next, which is to:

- Compare the actual physical card to the card on the screen to confirm that the information on both is a match.
- If cards don't match, tell cardholder you are unable to validate the card because it does not match the information on the screen for that cardholder.

**NOTE: You can still make a sale – it just will NOT BE A MEDICAL sale**

4010 0003 2443 1451

VERIFY A CARD

**CARD NUMBER IS VALID**

**#4010 0003 2443 1451**

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD



START OVER

## INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

SYSTEM USER GUIDES AND HELP DESK

SUPPORT



# Card Not Found

**This will appear if the card number is not found in the system.**

Possible reasons are:

- Card has expired – check expiration date
- Entered card number incorrectly – retry typing in the number
- Healthcare Practitioner revoked card
- Patient revoked Designated Provider

**NOTE: You can still make a sale – it just will NOT BE A MEDICAL sale**

4010 0003 2443 1452 | **VERIFY A CARD**

**RECOGNITION CARD NUMBER IS NOT VALID.**

**START OVER**

**INSTRUCTIONS**

1. Check expiration date on card. If expired, notify patient they must present a new authorization form in order to be updated in the system.
2. If card is not expired, make sure you have correctly entered the card number listed at the top of the card.
3. Otherwise the card may have been revoked by the patient or the patient's healthcare practitioner.

**SYSTEM USER GUIDES AND HELP DESK**

**SUPPORT**



# Renew Card

## Before Expiration of Current Card:

- Search name and birthdate
- Search screen comes up and you type in name.
- It will then bring up the person and you will get four options – Renew, Replace, Correct or Print
- When they come up, select the Renew option
- You will have to enter all the information from the NEW authorization form.
- Complete the same steps for taking a picture and generating a card.

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnson    01/14/1993    Q SEARCH

Flexible Search: Last name, first name, middle name, date of birth, card number

Name	DOB	Gender	City	State
<a href="#">Jennifer Johnson</a>	1993-01-14	female	Lacey	Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

PATIENT

EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner: JOHN J. DOE

PRINT    RENEW    REPLACE    CORRECT



## Renew Card


## After Expiration:

- If they are not found you will be prompted to create a new authorization.
- You will have to enter all the information from the NEW authorization form.
- Complete the same steps for taking a picture and generating a card.
- ***\$1 fee is collected for renewal.***

**Note: In either case, RENEW is like creating a new card.**

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnson    01/14/1993    

Q SEARCH



## NOT FINDING WHAT YOU NEED?

If none of the matches above match the patient you looking for you can create one now.

## CREATE NEW AUTHORIZATION



# Replace Card

## The cardholder has lost their card.

- Search name and birthdate
- Search screen comes up and you type in name.
- When they come up, compare photo on card to identification of customer and information on their Authorization Form.
- If it is a match, select the REPLACE option
- **This will charge the cardholder the \$1 fee.**

SEARCH BY...

NAME AND DATE OF BIRTH

CARD NUMBER

Jennifer Johnson

01/14/1993

Q SEARCH

Flexible Search: Last name, first name, middle name, or card number

NAME

DOB

GENDER

CITY

STATE

Jennifer Johnson

1993-01-14

female

Lacey

Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:  
JOHN J. DOE

PATIENT

PRINT

RENEW

REPLACE

CORRECT



# Correct Card

**A correction would be for anything that actually shows on the card – typically a typo made by the consultant.**

- To make a correction on a card, you will go back to the Create Card screen and search for the patient.
- Search screen comes up and you type in name.
- It will then bring up the person and you will get the four options – Renew, Replace, Correct or Reprint
- Make sure if there is more than one person with the same name that you select the right one.
- Verify the information from the person's Authorization Form
- If it is a match, click CORRECT – make corrections and then go through the print process again.
- ***No \$1 fee is charged.***

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnso    01/14/1993    Q SEARCH

Flexible Search: Last name, First name or First name Last name

Name	DOB	Gender	City	State
<a href="#">Jennifer Johnso</a>	1993-01-14	female	Lacey	Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:  
JOHN J. DOE

PRINT    RENEW    REPLACE    CORRECT



# Reprint Card

This would be if the store printer jammed in the middle of the print job.

- If the system shut down in the middle of the print, search name and birthdate
- When they come up, select the Print option
- ***No \$1 fee is charged.***

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnson    01/14/1993    Q SEARCH

File to Search: Last name, First name or First name Last name

Name	DOB	Gender	City	State
<a href="#">Jennifer Johnson</a>	1993-01-14	female	Lacey	Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

PATIENT

EFFECTIVE DATE: 08-08-2016  
EXPIRATION DATE: 08-08-2017  
PLANT LIMIT: 6

Authorizing Healthcare Practitioner:  
JOHN J. DOE

PRINT    RENEW    REPLACE    CORRECT



# Need Help?



Monday – Friday, 8 am – 5 pm

360-236-4819, Option 1

[medicalmarijuana@doh.wa.gov](mailto:medicalmarijuana@doh.wa.gov)

[www.doh.wa.gov/medicalmarijuana](http://www.doh.wa.gov/medicalmarijuana)